

JUL 31 2008

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RICHARD S. VIE  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
RICHARD M. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MMC

July 21<sup>st</sup>

July 22

July 23<sup>rd</sup>

July 24<sup>th</sup>

Dep. Gen. today wedding morning breakfast time,  
gave him a request for a grievance since he won't  
assist me.

08-2987 MMC

1) Yesterday Deputy Gen. & his partner several times  
morning when his partner asked me to sign a extension  
of time to respond for the grievance Sgt. again during  
pod recreation time morning. Again when both were together  
in the pod during count. again when detention was accompany  
with a C.D.C. Parole Agent serving paperwork to visitors  
in Bldg 3 Dining hall. That evening when Deputy Carreira was  
he refused to acknowledge me talking to him. Then at  
0400 hrs. ~~then~~ he refuses to again. Also threatens to  
do a cell extraction with 8-10 other Deputy's if  
I don't get ~~up and~~ out of the cell and go  
stand in the multipurpose room till the next Deputy  
suffly comes on shift at 8:00 am and watch till.  
These Deputy's have made it common practice to  
use intimidation tactics and threats as there guidlin  
for Departmental operations. Not realizing that as a  
sworn Deputy, Gov. Ethics code is what binds them to the  
standards expected and represented by the Great Seal of  
the State of California. There collective attempt to under  
mine pursuit of justice by the U.S. District Court show  
an arrogance that must be addressed. According to them, I  
believe that the court order has nothing to do with  
them as if they're immune to any Judicial reprimand

(Page 1 of 3)

ALAMEDA COUNTY SHERIFF'S OFFICE  
SANTA RITA JAILPrisoners of CDJR. P07071 / T84423  
INMATE GRIEVANCE FORMNAME: SAMUEL ROBERT ALEXANDER & GANSAH CDJR Prisoners PFN: AYC-552 / BBL-427  
HOUSING UNIT: Santa Rita ALA. DETENTION / Correction DATE: 7-18-08  
3 FBNATURE OF GRIEVANCE: (Give specific details) Gov. Ethics code violation of Due process Rights.

In records to Alameda County Sheriff's Office, Inmate Disciplinary Notification Report Report # 08501505 Dated 07/16/08 PD-631 (Rev 4/08) Signed by Disciplinary Deputy # 292 Dela Cruz. This Inmate Grievance form acts as the appeal notification Exhausting administrative remedies prior to filing a Petition and/or Civil Action. See also P.C. 832.5 Citizens Complaint Dated 7-16-08. Tracking number 086-S1144; ML-51 and CDJR Complaint filed with the APPEALS Coordinator Region II Parole Headquarters cc: Assistant Regional Parole Administrator. (510) 622-4701; 1515 Clay St. 10<sup>th</sup> Floor Oakland, CA. 94612. Inmate's Alexander P07071 aka Samuel AYC-552 and Gansah T-84423 BBL-427. On 7-14-08 Deputy Carrera at Santa Rita conducted a Bias Disciplinary hearing. First off he claims to have discussed the issues prior to the hearing in the locker room with the reporting co-worker at shift change and he claimed to have pre conceived opinions on bias feelings. Describing all inmates as liars. Both Gansah & Alexander are CDJR Prisoners returned to custody for 5 months & 11 months. Both being the Petitioners in this APPEAL. Note Deputy Carrera is not a Supervising officer. Both Petitioners had waived time for 24 hrs. Both inmates asked for witnesses to be present. Both Petitioners have medical verification in CDJR & ALA county Sheriff's medical records to support their defense. No Investigative employee was provided to assist in gathering information, records, statements etc. Nor was the basic minimum time allowed to prepare. (Continued on p. 2)

\*\*\* DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE: [Signature]

\*\*\* DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

RECEIVED BY DEPUTY: R. MARTINEZ BADGE #: 1905 DATE: 07/19/08☐ RESOLVED - INMATE ACCEPTANCE:  
EXPLAIN RESOLUTION ON REVERSE SIDE.☒ CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP-01FORWARDED TO SGT. \_\_\_\_\_ TRACKING NUMBER: 086-S1159COPIES: White - Staff use  
Yellow - Inmate Receipt Copy

ML-51 (rev 8/06)



## ALAMEDA COUNTY SHERIFF'S OFFICE

SANTA RITA JAIL

## INMATE GRIEVANCE FORM

Prisoners of CDCR, Photo # 11784423

NAME: ~~Samuel Perez~~ CDCR PRISONERSPFN: ~~AYG-552/BBL-427~~HOUSING UNIT: ~~ALA DETENTION~~ CORRECTIONSDATE: ~~7-18-08~~

NATURE OF GRIEVANCE: (Give specific details) (Continued from P. 1)

PETITIONERS were Denied their Due Process Rights Under WOLFF V. MCDONNELL (1974) 418 U.S. 539, Penal Code Section 2932 SUBDIVISION (a)(3) AND TITLE 15, CAL. Admin. Code Section 331(c) TO HAVE INMATE Present AS A WITNESS AT HIS DISCIPLINARY HEARING. THE FAILURE OF PRISON OFFICIALS TO APPOINT A STAFF ASSISTANT VIOLATED PETITIONERS RIGHT TO A FAIR HEARING AS PROTECTED BY TITLE 15, CAL. ADMIN. CODE SECTIONS 3313(d) And 3318(b) AND THE DUE PROCESS CLAUSES OF THE STATE AND FEDERAL CONSTITUTIONS. In Wolff v. McDonnell 519 F.2d 540, 566, the Supreme Court stated that "[an] inmate facing disciplinary proceedings should be allowed to call witnesses and present documentary evidence in his defense when permitting him to do so will not be unduly hazardous to institution safety or correctional goals." United States Supreme Court has affirmed the constitutional right of an inmate to present friendly witnesses unless his disciplinary board had a legitimate basis for excluding them in PONTE V. REAL (1985) 105 S.Ct. 2192, 2201. The Court further held that the Due Process Clause of the Fourteenth Amendment does require prison officials to state their reasons for refusing to call witnesses requested by an inmate at a disciplinary hearing. (Id. at p. 2197) [To hold that the Due Process Clause confers a circumscribed right on the inmate to call witnesses at a disciplinary hearing and then conclude that no explanation need ever be given or vouchered for the denial of that right... would change an admittedly circumscribed right into a privilege conferred in the unreviewable discretion of the disciplinary board. We think our holding in Wolff, Supra, meant something more than that.]

\*\*\* DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2 (continued on page 3) (Ponte v. Real, Supra, at p. 2197) INMATE SIGNATURE: 

\*\*\* DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

RECEIVED BY DEPUTY: R. MARTINEZBADGE #: 1905 DATE: 07/19/08

[ ] RESOLVED - INMATE ACCEPTANCE: \_\_\_\_\_  
EXPLAIN RESOLUTION ON REVERSE SIDE.

☒ CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT. \_\_\_\_\_

TRACKING NUMBER: 086-51159

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ML - 51 (rev 8/06)

Exhausting

Administrative

Remedies

ALAMEDA COUNTY SHERIFF'S OFFICE

SANTA RITA JAIL

INMATE GRIEVANCE FORM

NAME: SAMUEL, ROBERT Alexander & E. CDCR Prisoner's PFN: AYC-552/881-427  
HOUSING UNIT: Alt. Detentions / Correction S DATE: 7-18-08  
3FB

NATURE OF GRIEVANCE: (Give specific details) (Continued from P.2)

Penal Code Section 2932, Subdivision (a)(3) is a codification of the Supreme Court's holding in Wolff and requires that the reasons for the denial of witnesses "SHALL be set forth in writing and a copy of such document shall be presented to the prisoner." This statute reflects the Legislature's recognition of the importance of establishing the written record at the time of the hearing to insure the exclusion of witnesses was not arbitrary. Further, Title 15, Cal. Admin. Code Section 3315(e) requires the presence of both friendly and adverse witnesses when called by the inmate to a disciplinary hearing "unless the person conducting the hearing has specific reasons to deny this request." Additionally, under Section 3315(e), the reasons for denial must be documented on the rule violation report. When charged with a serious rule violation and housed in a lockup unit, a prisoner is unable to collect information to build a defense. He was, therefore, clearly entitled to counsel-substitute either in the form of an (I.E.) Investigative Employee, a staff assistant, or both, to help him prepare his case. (Title 15, Cal. Admin. Code Sections 3315(d), 3315(a) and (b)). Starting with the assumption that an inmate has already been determined to be unable competently to pursue the matter without assistance, it can hardly be considered "adequate" that he is provided with a staff member whose duties as well as his loyalty require that he report important information to the inmate adversary. An inmate cannot reasonably be expected to reveal such information to the staff assistant on pain of further punishment or other measures; yet the prison itself has already determined that the inmate is not competent to proceed on his own. *Gluttschette v. Enomoto* (N.D. Cal. 1979) 471 F.Supp. 113, 117. Inmates are entitled to a Neutral and Detached, Fair & Impartial hearing officer. Not the coworker who was prejudiced & BIAS partiality.

\*\*\*DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

CC: Executive Office

INMATE SIGNATURE

6325 Brader B1

Dublin, CA 94568

\*\*\*DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

RECEIVED BY DEPUTY: R. MARTINEZ BADGE #: 1905 DATE: 071908

[ ] RESOLVED - INMATE ACCEPTANCE:  
EXPLAIN RESOLUTION ON REVERSE SIDE.

☒ CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT. \_\_\_\_\_

TRACKING NUMBER: 089-51159

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ML - 51 (rev 8/06)



ALAMEDA COUNTY SHERIFF'S OFFICE  
SANTA RITA JAIL  
INMATE GRIEVANCE FORM

Exhausting  
Administrative  
Remedies

#H25646 (ALA) (Pro-Per)

CP# P07071

NAME: Robert Samuel/Alexander : Pro-Per PFN: AYC-552

HOUSING UNIT: 3 bldg. F-pod Cell #6 DATE: 7/16/08

NATURE OF GRIEVANCE: ( Give specific details )

On 7-13-08 Deputy #1975 T. JENNIEAHN gave instructions to the 2nd watch bldg. 3 Technician. To make an announcement over the cell intercom in regards to the immediate need for mattresses. Due to the housing unit staff having none available. In doing so, she goes on to give an additional inmate option to push your cell intercom button to inform her if you-the inmate has an extra mattress. Assuring the inmates a verbal contract that in doing so. The Housing Unit Deputy will not "Tear your house up". Basically suggesting that accountability will be awarded with not being inconvenienced with a retaliation or punishment of an inmates cell being ransacked by the Housing Unit Deputy. However this wasn't the result when I pushed my cell intercom button to do as instructed. Soon thereafter the housing unit deputy approaches the door as I am already standing there waiting for the Technician to electronically open the cell door. Just as she did the cell doors next to mine. When the deputy opened my cell door, he asked what was up with me having an extra mattress. I don't have a chrono. So I did inform him that, however the new mattresses they have in the bldg 3 closet are much thicker so that it doesn't affect the pressure on old injuries. I went for my bed pulled out the extra mattress and threw it out the cell as directed by the deputy. Upon doing so I asked him if I can trade my old mattress for one of the new/improved mattresses. (continued)

\*\*\* DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

He denied us morning recreational time

INMATE SIGNATURE: [Signature]

without merit. \*\*\* DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

RECEIVED BY DEPUTY: T. JENNIEAHN

BADGE #: 1975

DATE: 071608

[ ] RESOLVED - INMATE ACCEPTANCE:  
EXPLAIN RESOLUTION ON REVERSE SIDE.

[X] CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT. QUIN

TRACKING NUMBER: 086-S1144

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ML - 51 (rev 8/06)

ALAMEDA COUNTY SHERIFF'S OFFICE  
SANTA RITA JAIL  
INMATE GRIEVANCE FORM

Exhausting  
Admin. Unit  
(Pro. Per)  
#105646 (ALA)  
CDC # P07071

NAME: Robert Samuel Alexander Pro. Per PFN: AYE-552  
HOUSING UNIT: 3 bldg. F-Pod Cell #6 DATE: 7-16-08

NATURE OF GRIEVANCE: (Give specific details)

{Continued: from P. 1 of 2}

Deputy Martinez had prior knowledge of me having the additional mattress. I am currently awaiting the request for my medical file archive from CDCR. Medical State records can verify this fact. I have numerous medical chronos that are documented upon my CDCR records. This is why Deputy Martinez gave me a discretionary pass for the time being. However he did inform me to keep him posted on the developments with obtaining documentation. Deputy #1975 denied the fact of the new mattresses and insisted that the Housing unit #3 has in fact no mattresses at present. Anyhow he closes the door and continues to direct the Housing unit Pod inmate workers to retrieve the mattresses that were in the Pod area. Approximately 20-30 min later he returns to escort my celly and I out to the Bldg #3 Drawing area, locks the door and then proceeds to ~~do~~ a cell search while being supervised by his inmate pod worker. Upon completion he continues his intention of using the search as a form of punishment. He totally ransacked the cell leaving garbage, legal stuff, cartoon books, Hygiene products, bedding, clothes, coffee pot etc. all over the cell with majoring of the bedding and trash strewn on the floor. He confiscated my legal materials that Deputy Guffy's Attorney Mark Demming gave me. He instructed the next watch Deputy not to allow my celly & I to have evening Pod Recreation, Also Attempted to force us to clean up his mess.

\*\*\*DO NOT WRITE ON THE BACK OF THIS FORM.

USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE: [Signature]

He also made the whole pod out in the cell as punishment

\*\*\*DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

Left outside the cell!

2 hrs. later during Count

RECEIVED BY DEPUTY: T. JENNEIAHN

BADGE #: 1975

DATE: 071608

[ ] RESOLVED - INMATE ACCEPTANCE:  
EXPLAIN RESOLUTION ON REVERSE SIDE.

[X] CAN NOT BE RESOLVED AT THIS LEVEL  
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FORWARDED TO SGT. QUIN

TRACKING NUMBER: 086-51144

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(Citizens Complaint)  
ALAMEDA COUNTY SHERIFF'S OFFICE  
SANTA RITA JAIL  
INMATE GRIEVANCE FORM  
EMERGENCY RESPONSE

NAME: Robert Samuel/Alexander PFN: AYC-552  
HOUSING UNIT: 3-F-6 DATE: 6-5-08

NATURE OF GRIEVANCE: ( Give specific details )

On or around 6-1-08 or soon thereafter, I Submitted a  
ML-76 Rev 7/06 ALAMEDA COUNTY SHERIFFS OFFICE Detentions  
And Corrections Division: MESSAGE REQUEST. To Deputy Blanco  
Housing unit 3. He recieved it, yet failed to document his Deputy  
name and Date recieved on the request. Also failed to respond  
on the back of the request and sign as being the person  
responding. Along with the fact that he never returned the  
document. on 6-2-08 I Submitted another ML-76 REV 7/06 REQUEST  
MESSAGE REQUEST to: PERSON TO CONTACT: Records Sgt. or Technician. I  
recieved a response. The document didn't have a (person Responding  
Signature, Deputy Recieving Request signature, or Date recieved  
Signature. The response however give conflicting information.  
on the response: YOU ARE NOT SENTENCED YET + THERE IS NO  
NEW COURT DATE AT THIS TIME. on the front of the  
document the respondent wrote (6/16/08). later identified  
as a new court date 6-5-08; I am Submitting a new  
ML-76 REV 7/06; the verbage being: (My Superior Court Docket #  
is #25646; (1) what is my bail? (2) If there is any parole hold; when  
was it placed? (3) Parole can not place a hold on a case/Docket  
number that is under the jurisdiction of Dept. 9 honorable  
Judge Goodman (4) I have not been Sentenced (5) My Next  
court date is 6-16-08. (6) I am not on Parole at this time.)  
It is clear and aparent that the deputies at ALAMEDA  
COUNTY SHERIFF'S OFFICE DETENTIONS AND CORRECTIONS DIVISION are  
obstructing justice

\*\*\* DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE: [Signature]

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RECEIVED BY DEPUTY: BRANCO BADGE #: 1930 DATE: 6-12-08

[ ] RESOLVED - INMATE ACCEPTANCE:  
EXPLAIN RESOLUTION ON REVERSE SIDE.

[X] CAN NOT BE RESOLVED AT THIS LEVEL  
DRAW TRACKING NUMBER FROM CP-01

FORWARDED TO SGT. \_\_\_\_\_ TRACKING NUMBER: 086-50934

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ML - 51 (rev 8/06)

**ALAMEDA COUNTY SHERIFF'S OFFICE**  
**INMATE DISCIPLINARY NOTIFICATION REPORT**

DATE: 07/16/08 HOUSING LOCATION: 3F  
 PFN: AYC 552 NAME: Samuel, Robert REPORT NUMBER: 08S 01505  
 You have lost 57 days privileges:  
~~Visiting~~ ~~Commissary~~ ( ) Other: — From 07/19/08 TO 09/13/08

You will be placed in disciplinary isolation for \_\_\_\_\_ days.  
FROM \_\_\_\_\_ TO \_\_\_\_\_.

**\*\*NOTE\*\* While in disciplinary isolation you are not entitled to Commissary or Visiting privileges.**

You will be placed on disciplinary diet for \_\_\_\_\_ days. From \_\_\_\_\_ To \_\_\_\_\_.

**You have lost \_\_\_\_\_ days good/work time. You have had \_\_\_\_\_ days good/work time restored.**

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*An appeal can be filed through the "Inmate Grievance Procedure".\*\***

Your release date has been changed from            to           

Dela Cruz #292  
Disciplinary Deputy

**Records Officer**

INMATE COPY



# Prison Health Services Medical Request Form

[Forma de la Petición de los Servicios Médicos]

- Inmate – do not write in shaded area. [El interno – no escribe en área sombreada.]
- Place this form in the sick call box or give it to medical staff. [Poner esta forma en la caja enferma de la llamada o darla al personal médico.]
- If you do not complete all information, your appointment may be delayed. [Si usted no termina toda la información, su cita puede ser retrasada.]
- A copy will be given to you after the visit. [Una copia le será dada después de la visita.]
- You may be charged \$3.00 for each health care visit. [Usted puede ser cargado \$3.00 para cada visita del cuidado médico.]

CDC # Inmate

DATE [FECHA] 6-11-08	NAME [NOMBRE]: LAST [PASADO] FIRST [PRIMERO] MIDDLE [MEDIO] Alexander Robert J	DOB [NACIMIENTO] 3-29-78	PFN [ID] P07071
HOUSING LOCATION [LOCALIZACIÓN DE LA CUBIERTA] SRJ: UNIT [UNIDAD] 3 POD/CELL [CÉLULA] F. 9 GDDF: FLOOR [PISO] POD/CELL [CÉLULA]			
CO-PAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF Patient not seen <input type="checkbox"/> NO <input type="checkbox"/> DUPLICATE <input type="checkbox"/> NO SHOW <input type="checkbox"/> REFUSED <input type="checkbox"/> OTH Was this visit for diagnosis or treatment of communicable disease condition? Yes <input type="checkbox"/> No <input type="checkbox"/> Was this visit requested by the clinician? Yes <input type="checkbox"/> No <input type="checkbox"/> Was this visit exempt from co-payment. Send ORIGINAL WHITE page to Accounting. CLINICIAN'S SIGNATURE CLINICIAN'S NAME (Print/Stamp) DATE Inmate's Signature [Firma Del Interno] Patient Refused to Sign Witness if Patient Refused to Sign			

Signature and Print Stamp  
 Disposition: ☐ Sick Call ☐ Specialty Clinic ☒ Other

RELEASE OF RESPONSIBILITY [LANZAMIENTO DE LA RESPONSABILIDAD]		
I am refusing sick call due to [Estoy rechazando la llamada enferma debido a]:		
Date [FECHA]	Inmate's Signature [Firma Del Interno]	Refused to Sign [Rechazado para Firmar] <input type="checkbox"/>
CLINICIAN'S SIGNATURE	CLINICIAN'S NAME (Print/Stamp)	Witness if Patient Refused to Sign

Tell us below why you want to see health care staff. In the area below, write down anything you want health care staff to know.  
 [Decimos abajo porqué usted desea ver a personal del cuidado médico. En el área abajo, anotar cualquier cosa que usted quisiera que el personal del cuidado médico supiera.]

I am a CDC # P07071 parolee/prisoner I am comitted to the director by Superior court Docket # H25646. I am processed to Superior court by county of Alameda AYC-552. I have not been recieving my medication, chronos, and doctor prescribed medical evaluations and treatment reviews. My medical file must be reviewed and thoroughly evaluated. I am not a Sole County Inmate. I also have shoe chronos, lwr-tee, etc.

Signature of Patient [Firma de la Paciente] Date [Fecha] 6-11-08

WHITE: Accounting PINK: Health Services File CANARY: Inmate/Patient Revised 1/24/08

I am also requestina a ADA Medical Appeal form



**INMATE GRIEVANCE RESPONSE****COPY**GRIEVANCE TRACKING NUMBER: **08G-S0643**INMATE: Alexander, Robert PFN: AYC552 HOUSING UNIT LOCATION: 3F09GRIEVANCE IS AFFIRMED: \_\_\_\_\_ DENIED: XX WITHDRAWN: \_\_\_\_\_ RESOLVED: XX REFERRED: XX

If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):

These findings are based on a review of your grievance dated **March 3, 2008**. In your grievance, you made the following claim(s):

- 1- Your pod does not have a functioning water fountain.
- 2- You are not being provided weekly cell cleaning opportunities.
- 3- You are not being provided any yard or recreational time.
- 4- You have requested California Department of Correction (CDC) Appeals Form (CDC602) but the housing unit deputies say there are none available.
- 5- You have not been provided a current Title 15 booklet.
- 6- You are provided only shower thongs and not state funded shoes.
- 7- Your outgoing mail is being delayed because your are often being fed breakfast after 6:00 am.

**Response:**

- 1- The Grievance Unit verified the water fountain in your pod is being scheduled for repair. This portion of your grievance is **RESOLVED**.
- 2- The Grievance Unit verified a new weekly cell-cleaning schedule will be created by the housing unit deputy. This portion of your grievance is **RESOLVED**.
- 3- The Grievance Unit verified a new rotational yard schedule will be created by the housing unit deputy. This portion of your grievance is **RESOLVED**.
- 4- The Grievance Unit verified the housing unit deputy provided you with a CDC602 form. This portion of your grievance is **RESOLVED**.
- 5- You are not entitled to the Title 15 booklet; however, you are welcome to submit a request for specific Title 15 information on a Legal Assistance Form. This portion of your grievance is **REFERRED** to Legal Assistance.
- 6- Unless you have a specific medical need and an order from a Prison Health Services doctor, you are not entitled to any footwear other than the jail-issued sandals. This portion of your grievance is **DENIED**.
- 7- The Grievance Unit acknowledges that occasionally regular housing unit events, such as feeding, are delayed for a number of reasonable circumstances. When this happens to delay outgoing mail, every effort is made to minimize the delay, which is no more than 24 hours. This is a reasonable resolution to an unfortunate, but understandable circumstance. This portion of your grievance is **DENIED**.

Investigating Supervisor:

B. S. Quin, Sergeant (BO #1319)Date: 050308

Inmate's Signature:

Date: 5-15-08

Do you wish to appeal this ruling?

YesNo

Refused to Answer

Date: 5-15-08

Appeal Officer:

P. J. Kennedy, H.

Recommendation:

CONCUREDate: 05/16/08

Reason for affirmation or denial: (If different from above)

Commanding Officer:

4. J. Farn

Recommendation:

AGREE

Date:

05/23/08**ENTERED MAY 28 2008**



## ALAMEDA COUNTY SHERIFF'S OFFICE

## Application for County Parole

## GENERAL INFORMATION

NOT SENTENCED ON YOUR CASE?  
RE-APPLY ONLY WHEN COMPLETELY SENTENCED

At the time you apply for County Parole, you must have completed one-half of your sentence. Parole, if granted, will only be granted within the last 50 days of your sentence. You will NOT be granted County Parole if you are in custody for, or have a recent history of; violent crimes, aggressive sex crimes, crimes involving firearms, drug sales or probation violations unless you have served AT LEAST 90 DAYS. You may be denied County Parole for disciplinary actions or for information that leads the County Parole Board to believe you would be unlikely to successfully complete your parole. You may not be paroled a second time for the same basic crime, nor will you be paroled more than three times in your life.

**You will substantially increase your chances of County Parole if you take active measures while in custody to improve your situation and reduce your chances of returning to custody in the future.** Such measures include, but are not limited to, enrollment in and successful completion of educational programs and self-improvement courses offered through Inmate Services. Under normal circumstances, the Parole Board meets twice monthly to consider applications. Input from Alameda County staff, both positive and negative, is taken into consideration when available. Failure to accurately disclose any requested information will disqualify you.

NAME: Robert Samuel aka PFN: AYC-552 HOUSING: 3-F-6

Robert Alexander  
RELEASE INFO: WORK TIME RELEASE: 2-09 HALF TIME: \_\_\_\_\_

ANY "WRITE-UP?" NO: X YES: \_\_\_\_\_ WHEN: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

HOME ADDRESS: 3872 Bernal Ave CITY: Pleasanton PHONE: (925) 299-0558

EMPLOYER: B&S Hacienda Auto body WORK ADDRESS: Scarlett St. Dublin CA.

DRUG/ALCOHOL PROBLEMS? No TREATMENT: \_\_\_\_\_

BEEN IN PRISON? yes WHEN: 1998 WHERE: Soledad, Pleasant Valley

ON PROBATION? No PROBATION OFFICER'S NAME: \_\_\_\_\_

ARRESTS OUTSIDE ALAMEDA COUNTY? No WHERE: \_\_\_\_\_

DETAILS: \_\_\_\_\_

LIST WORK OR SELF-IMPROVEMENT PROGRAMS YOU ARE ENROLLED IN: Access

community health programs, Los Positos Community College  
Under penalty of disqualification, I declare the above-listed information to be true to the best of my knowledge. I understand that qualifying for release on County Parole does not guarantee my participation in the program; that sole discretion on my acceptance lies completely with the County Parole Board.

[Signature]  
Inmate Signature

AYC-552  
PFN

6-08  
Date

**ALAMEDA COUNTY SHERIFF'S OFFICE  
SANTA RITA JAIL  
INMATE GRIEVANCE FORM**

NAME: Robert Samuel / Alexander Pozozi PFN: AYC-552  
HOUSING UNIT: 3-F-6 Detentions & Corrections Division DATE: 6-19-08

NATURE OF GRIEVANCE: ( Give specific details )

Today at or around 12:00 noon I pushed my cell medical emergency button in attempts to notify the housing unit deputy that I need medical attention. Soon thereafter there was no response; however the cell door was electronically opened by the control tower. Upon observation, void verbal instruction from the housing unit Deputy, I noticed that there was numerous inmates proceeding outside there cell picking up lunches & retrieving hot water, and disposing trash. I then proceeded to the POP room intercom button by the trash can. I notified the technician that my cell intercom isn't working and I need to see the deputy for my medical reasons. The technician started to talk louder than the intercom is designed to transmit. There for making a distorted communication attempt. After returning to my cell after retrieving my lunch ration and a cup of hot water. When I'm inside my cell Deputy Guffy shook my cell door then immediately left. After another attempt to notify him that I need medical attention I was ignored. However, immediately

\*\*\* DO NOT WRITE ON THE BACK OF THIS FORM. USE ANOTHER FORM, WRITE PAGE 2

INMATE SIGNATURE: 

\*\*\* DO NOT WRITE BELOW THIS LINE - ADMIN USE ONLY \*\*\*

RECEIVED BY DEPUTY: \_\_\_\_\_ BADGE #: \_\_\_\_\_ DATE: \_\_\_\_\_

☐ RESOLVED - INMATE ACCEPTANCE: \_\_\_\_\_  
EXPLAIN RESOLUTION ON REVERSE SIDE.

☐ CAN NOT BE RESOLVED AT THIS LEVEL  
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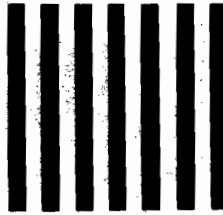
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